



Notification of Regulated Waste Activity		Date Received (For Official Use Only)
 EPA United States Environmental Protection Agency		<div>EPA Region 5 Records Ctr.  364148</div>
EPA ID Number (Mark X in the appropriate box)		
<input checked="" type="checkbox"/> Initial Notification	<input type="checkbox"/> Subsequent Notification (Complete Item C)	EPA ID Number
Name of Installation (Include company and specific site name)		ILR0000061077
Address of Installation (Physical address not P.O. Box or Route Number)		
95TH & WOLF RD		
COOK CO. FOREST PRESERVE		
WILLOW SPRINGS IL 60480-		
COOK		
Installation Mailing Address (See Instructions)		
Street or P.O. Box		
City or Town		
State		
Zip Code		
Installation Contact (Person to be contacted regarding waste activity)		
Name (Last)		First
NIED		WALTER
Job Title		Phone Number (Area Code and Number)
EPA-OSC		312-986-4466
Installation Contact Address (See Instructions)		
A. Current Address Location	B. Street or P.O. Box	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	77 W JACKSON
City or Town		State
CHICAGO		IL
		60604-
Ownership (See Instructions)		
A. Name of Installation's Legal Owner		
COOK COUNTY FOREST PRESERVE		
Street, P.O. Box, or Route Number		
City or Town		
State		
Zip Code		
Phone Number (Area Code and Number)		
- -		
B. Land Type	C. Owner Type	D. Change of Owner Indicator
<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		(Date Changed)
		Month Day Year
		- - -

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.	1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes	4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine
Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Walter F. Nield

Name and Official Title (Type or print)

WALTER F. NIED EPA-OSC

Date Signed

2-2-98

XI. Comments

* 22 DRUMS DUMPED IN PARKING LOT AT MAPLE LAKE FOREST PRESERVE

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)